## PART B - FEE(S) TRANSMITTAL

Complete and separatis form, together

applicable fee(s), to: Mail Mail Stop ISS

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

| INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica                                                                                                                                                                                                                                                                          | form should be used to the spondence is building to the spondence is building to the spondence of the sponde | for transming the Pate<br>nerwise in | itting the ISSU<br>ent, advance of<br>Block 1, by (a | JE FEE and PUBLIC<br>ders and notification<br>a) specifying a new co                               | ATI<br>of m                                                                                                                                                                                                                                                                                                                     | ON FEE (if requinaintenance fees we pondence address;                                                                                                                                                                                                                                                                                                   | red). B<br>vill be r<br>and/or | clocks 1 through 5 s<br>mailed to the current<br>(b) indicating a sep | hould b<br>corresp<br>arate "F | e completed where<br>condence address as<br>EE ADDRESS" for |  |
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| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                 | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.                                                           |                                |                                                                       |                                |                                                             |  |
| 23373                                                                                                                                                                                                                                                                                                                                                                  | 7590 01/25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | /2007                                |                                                      |                                                                                                    | nave                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                         |                                | _                                                                     |                                |                                                             |  |
| SUGHRUE MION, PLLC<br>2100 PENNSYLVANIA AVENUE, N.W.<br>SUITE NO.                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                 | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                |                                                                       |                                |                                                             |  |
| WASHINGTON                                                                                                                                                                                                                                                                                                                                                             | N, DC 20037                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      |                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                 | -                                                                                                                                                                                                                                                                                                                                                       |                                |                                                                       |                                | (Depositor's name)                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                         |                                |                                                                       |                                | (Signature)                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                         |                                |                                                                       |                                | (Date)                                                      |  |
| APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                        | APPLICATION NO. FILING DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                      | FIRST NAMED INVE                                     |                                                                                                    |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                         | RNEY DOCKET NO.                | DOCKET NO. CONFIRMATION NO.                                           |                                |                                                             |  |
| 10/765,281 01/28/2004                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | J                                    | Osamu Iwasaki                                        |                                                                                                    |                                                                                                                                                                                                                                                                                                                                 | O79584 7585                                                                                                                                                                                                                                                                                                                                             |                                |                                                                       |                                |                                                             |  |
| •                                                                                                                                                                                                                                                                                                                                                                      | ON: SHEET-TYPE OP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TICAL C                              | ONDUCTOR                                             | AND COMMUNICA                                                                                      | TIO.                                                                                                                                                                                                                                                                                                                            | n system usi                                                                                                                                                                                                                                                                                                                                            | NG TI                          | HE SHEET-TYPE                                                         | OPTICA                         | AL .                                                        |  |
| APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                            | SMALL ENTITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ISSUE FEE DUE                        |                                                      | PUBLICATION FEE D                                                                                  | UE                                                                                                                                                                                                                                                                                                                              | PREV. PAID ISSU                                                                                                                                                                                                                                                                                                                                         | E FEE                          | TOTAL FEE(S) DUE                                                      | :                              | DATE DUE                                                    |  |
| nonprovisional                                                                                                                                                                                                                                                                                                                                                         | NO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                      | \$1400                                               | \$300                                                                                              |                                                                                                                                                                                                                                                                                                                                 | 94/24/20                                                                                                                                                                                                                                                                                                                                                | a7 DEM                         | \$1700<br>WAHU2 00000131 1                                            | 948AR                          | 04/25/2007<br>1 <b>076528</b> 1                             |  |
| EXAMINER                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | T UNIT                                               | CLASS-SUBCLASS                                                                                     |                                                                                                                                                                                                                                                                                                                                 | 61 FC:15                                                                                                                                                                                                                                                                                                                                                |                                | 1400.09 DA                                                            | - 1300                         | 10.00201                                                    |  |
| LEUNG, QUYEN PHAN                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      | 2874                                                 | 385-129000                                                                                         |                                                                                                                                                                                                                                                                                                                                 | 62 FC: 150                                                                                                                                                                                                                                                                                                                                              |                                | 300.00 DA                                                             |                                |                                                             |  |
| <ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                      |                                                      | (1) the names of u or agents OR, alter (2) the name of a s registered attorney 2 registered patent | 2. For printing on the patent front page, list  1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  2) the name of a single firm (having as a member a egistered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is isted, no name will be printed. |                                                                                                                                                                                                                                                                                                                                                         |                                |                                                                       |                                |                                                             |  |
| PLEASE NOTE: Un<br>recordation as set for<br>(A) NAME OF ASSI                                                                                                                                                                                                                                                                                                          | AND RESIDENCE DATA<br>aless an assignee is ident<br>th in 37 CFR 3.11. Comp<br>IGNEE<br>CORPORATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ified below                          | v. no assignee                                       | data will appear on the                                                                            | ne pa<br>g an a                                                                                                                                                                                                                                                                                                                 | atent. If an assign assignment.  and STATE OR C                                                                                                                                                                                                                                                                                                         |                                |                                                                       | locumen                        | it has been filed for                                       |  |
| Please check the approp                                                                                                                                                                                                                                                                                                                                                | riate assignee category or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | categorie                            | s (will not be pr                                    | inted on the patent):                                                                              | 🗆                                                                                                                                                                                                                                                                                                                               | Individual 🖫 Co                                                                                                                                                                                                                                                                                                                                         | orporati                       | on or other private gr                                                | oup enti                       | ty Government                                               |  |
| 4a. The following fee(s)  ✓ Issue Fee  ✓ Publication Fee (I  ✓ Advance Order -                                                                                                                                                                                                                                                                                         | No small entity discount                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | permitted)                           | The sta                                              | tutory fee is being cha<br>charge any payment do<br>A 19-4880.                                     | rged                                                                                                                                                                                                                                                                                                                            | to Deposit Accour                                                                                                                                                                                                                                                                                                                                       | nt No. 1                       | 9-4880.                                                               | eficiency                      | above)  y, or credit any copy of this form).                |  |
| a. Applicant clain                                                                                                                                                                                                                                                                                                                                                     | atus (from status indicate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | us. See 37                           |                                                      | * * * * * * * * * * * * * * * * * * * *                                                            |                                                                                                                                                                                                                                                                                                                                 | • •                                                                                                                                                                                                                                                                                                                                                     |                                | FITY status. See 37 C                                                 |                                |                                                             |  |
| interest as shown by the                                                                                                                                                                                                                                                                                                                                               | nd Publication Fee (if req<br>records of the United Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ites Patent                          | and Trademark                                        | d from anyone other the Office.                                                                    | ian t                                                                                                                                                                                                                                                                                                                           | ne applicant; a regi                                                                                                                                                                                                                                                                                                                                    | stered a                       | momey or agent; or t                                                  | ne assig                       | nee or other party in                                       |  |
| Authorized Signature                                                                                                                                                                                                                                                                                                                                                   | Susan P.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Pan                                  |                                                      |                                                                                                    |                                                                                                                                                                                                                                                                                                                                 | Date                                                                                                                                                                                                                                                                                                                                                    | <b>√</b> /.                    | <b>23, 2007</b> 41, 239                                               |                                |                                                             |  |
| This collection of informan application, Confiden                                                                                                                                                                                                                                                                                                                      | nation is required by 37 (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | CFR 1.311                            | The information                                      | on is required to obtain                                                                           | or r                                                                                                                                                                                                                                                                                                                            | retain a benefit by t                                                                                                                                                                                                                                                                                                                                   | he publ                        | ic which is to file (an                                               | d by the                       | USPTO to process)                                           |  |

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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